## <u>Indiana State Police Methamphetamine Laboratory Occurrence Report</u> This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>3-20-11</u>	Address:	5393 Querry Road
Case #:	45F52409		New Albany, IN
County:	l/lo <u>yd</u>		
Type of Laboratory Seizure (check one)		Scizure Location (check all that apply)	
	onal Lab al/Glassware/Equipment (only) ite (only)	Residence Cutbuilding Vehicle	<ul><li>☐ Hotel/Motel</li><li>☐ Open – No Structure</li><li>☐ Other:</li></ul>
Items Found: Location (bedroom, kitchen, open air, ctc)   (check all that apply) ☐ Lithium/Ammonia Reaction(s): backroom   ☐ Red Phosphorous/Iodine Reaction(s):			
Child under age 18 discovered (check one)  Yes (number present)  No *If yes, fax report to Child Protective Services		Investigative Information  Ephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other:	
This report is to be faxed to the following agencies that serve the location:			
	ment: New Albany	Fax: <u>812 948 5312</u> Fax: <u>812 948 2208</u>	
Health Department: Floyd Co		Fax:	
Child Prote	ction Service:		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Doug Humphrey</u> Phone <u>812 867 2079</u>			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department. fisted within 24 hours of scene processing.

<sup>\*\*\*</sup> This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.